Policy: It is the policy of the Division that its agencies work cooperatively on behalf of persons with both developmental disabilities and mental illness in order to coordinate the provision of high quality services, address treatment needs, avoid duplication of services and billing errors, and to maximize continuity and security for each person within their community.

Purpose: To define the role and responsibilities of agencies, service coordinators, clinicians and other mental health professionals, and contract providers and implement a process so appropriate services and supports are delivered to individuals in need of services from both Developmental Services and Mental Health agencies.

Procedures:

I. CSI Committee:

A. There will be a CSI Committee in the south, north and rural regions. Membership of CSI Committees should include agency directors and clinical staff from each agency including service coordinators, psychologists, or other clinical professionals as determined by the agency director.

B. The MHDS Medical Director shall provide leadership and overall coordination of committee activities and shall attend committee meetings whenever possible.

C. Representatives from community provider organizations should be included at meetings when indicated.

D. CSI Committees will meet at least quarterly with minutes recorded. The minutes will be distributed to committee members as well as the corresponding committees (north, south, or rural), the Division Administrator, Deputy Administrator, and Medical Director of the Division of MHDS.

E. A Statewide system-wide meeting should be held annually using teleconferencing technology so the regions can exchange information and address commonly held issues.

F. The responsibilities of CSI Committees are:
1. Identify and maintain a data base of individuals who have developmental disabilities/ and mental illness and who are receiving or have a need for cooperative services between DS and MH agencies.
2. Develop a state-wide data base for cooperatively served individuals and identify needed services on an individual basis.

3. Be a resource for service coordinators or other agency staff who, as part of proactive service planning, identify a person as "at risk" and needing cooperative services. Determine the need for a cooperative service plan.
4. Review all cooperative service plans as needed, at least annually.
5. At least every two years, make recommendations to Central Office and the agencies regarding resource development and needs of individuals with developmental disabilities and mental illness.
    a. Conduct a needs assessment for use in the biennial report and budget planning. The needs assessment should be completed by August 1 in even numbered years and will be submitted to Central Office and agency directors.
    b. Review resource allocation for individual regions, agencies and communities served as part of the needs assessment process.
6. Develop and provide CSI appropriate education for the following purposes:
    a. To develop service capacity and skills in providers of services for people with developmental disabilities and mental illness;
    b. To promote cooperation between Mental Health and Developmental Services agencies by providing education relating to eligibility decisions, service provision, and access to service components to employees of the sister agency or agencies;
    c. To educate appropriate staff of all agencies in the provision of services to CSI.

II. Referral for Cooperative Services:

A. Individuals identified by an MHDS agency as needing services from the corresponding sister agency (mental health or developmental services) shall be referred for those services by following the approved intake process for the agency from which additional dual diagnosis services are requested.

B. MHDS agencies will facilitate the intake process through communication and coordination between the referral source (agency service coordinator or clinician) and the intake contact person.

C. The agency referral source will notify the agency Cooperatively Served Individuals (CSI) Committee contact person of the person identified as a candidate for both developmental and mental health services in order to place the person on the agenda for discussion at the next scheduled CSI meeting.

III. Cooperative Service Provision:

A. All individuals who receive services from Developmental Services have an assigned service coordinator and, as a rule, the DS service coordinator will bill for targeted case management services. An exception shall be when the Mental Health agency is funding residential services. The assignment of the primary service coordinator for billing purposes shall be mutually agreed upon by both agencies and may be determined by the nature of the services being provided.

B. Individuals who receive services from both Developmental Services and Mental Health agencies shall have appropriate representatives from both agencies on their individual support/treatment team who will be responsible for attending team planning meetings.

C. All individuals cooperatively served by MH and DS agencies shall have their support/treatment plans reviewed by the team every 90 days. Changes in the support plan will only occur within the context of a team meeting attended by the service coordinator and representatives of both agencies.

D. Both MH and DS agencies shall have access to all records and information in the cooperative served person's records as needed for planning and coordination of services. Release of information is not required for MH and DS agencies to share information as needed for the proper provision of services.

E. No Division agency will close its record and files for a person who is cooperatively served until after a discharge plan has been developed by the support team including representatives of both agencies.

Administrator

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